



Experiential Learning Seed Grant (ELSG) APPLICATION COVER SHEET

Name: Email: Amount Requested: \$
Dept: Rank: Status:
Rank options: Instructor/Lecturer, Assistant Professor, Associate Professor, Professor
Status options: Untenured but on Tenure Track, First Year on Tenure Track, Tenured, Staff

Is this a collaborative project? Yes No

Collaborator Name: Email: Dept:

Collaborator Name: Email: Dept:

Collaborator Name: Email: Dept:

SHORT PROJECT TITLE: [Empty box]

Is this proposal a revision of a previously submitted proposal that was not funded? Yes No

If "yes," is this the first time it has been resubmitted for consideration? Yes No

If a resubmission, briefly summarize the major revisions made to the previous proposal:

Please indicate if the proposed project involves any of the following:

- Human research participants
Use of vertebrate animals
Biohazards (rDNA)
Hazardous waste
Radiological hazards

Is this project expected to generate personal income from sales (e.g., book royalties, sale of works of art, etc.)?

- Yes (Explain in Project Narrative)
No

Application Checklist

- Application Cover Sheet (two pages with all signatures)
Project Narrative (maximum four pages, single-spaced with double-spacing between paragraphs; 1" margins all around; Arial or Times New Roman 11+ point font; following sections identified with section titles)
Project Summary (maximum one-half page suggested)
Alignment with QEP Goals and Student Learning Outcomes
Background and Objective(s)
Project Plan
Anticipated Results
References Cited (only those referenced in the Narrative; 1" margins all around; Arial or Times New Roman 11+ point font)



- Budget** (required template; maximum \$4,000)
- Budget Justification** (maximum one single-spaced page; 1" margins all around; Arial or Times New Roman 11+ point font; statement[s] of unavailability of tangible items requested such as cameras, iPads/iPods, computers, software, and equipment >\$3,000 from IT, Media Center, or department)
- Facilities, Equipment, and Other Resources** (maximum one single-spaced page; 1" margins all around; Arial or Times New Roman 11+ point font)

I certify that, to the best of my knowledge, the information provided in this application is true, complete, and accurate. I understand that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties. I agree to be responsible for the conduct of this project and to abide by the terms and conditions of the award specified in the Experiential Learning Seed Grant guidelines.

Signature: _____

Date: _____

Collaborator Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Associate Dean or Dean's Signature:

Date: _____

**We strongly suggest that you use Docusign to complete the signature process for the application. If you are new to the Docusign process or need a refresher, please email QEP@Valdosta.edu at least 10 days before the due date for this application.

****All applications must be submitted with all signatures by November 1, 2021 @ 5 pm EST to be considered for review by the QEP committee.** Decisions regarding approved applications will be distributed by early December.